

New Jersey Department of Education  
Office of Vocational/Technical, Career and Adult Programs

**EVENING SCHOOL FOR FOREIGN-BORN RESIDENTS  
FY 2003**

**FINAL REPORT:  
Project period 9/1/2002 to 6/30/2003**

**LEA:** \_\_\_\_\_

**Project Code:** EFB \_ \_ \_ \_ 03

**County:** \_\_\_\_\_

<b>Project Director:</b>	<b>Telephone #:</b>	<b>FAX:</b>
<b>Address:</b>	<b>Approved Allocation FY 2003:</b>	
	<b>Adults Served in FY 2003:</b>	

**PROGRAM REPORT**

Briefly respond to the following questions. **Use as many sheets as necessary.**

- For each goal and/or objective listed in the application's Activity Plan, describe the extent to which the goals and objectives were met. Describe the activities that were effective in the attainment of the goals and objectives.
- For those goals and objectives that were not completed (please list), provide an analysis of the reasons for little or no progress. Describe those activities that were not as effective as expected.
- In the appropriate spaces below, identify the number of adult learners in your 2002-2003 program at each of the levels listed. Identify, also, the number of adult learners who had achievement in the listed areas.

<b>Educational Functioning Levels and Achievement</b>	<b>Totals</b>
Number of adult learners enrolled in beginning level of literacy program.	
Beginning Literacy ESL _____	
Beginning ESL _____	
Intermediate Low ESL _____	
Intermediate High ESL _____	
Advanced Low ESL _____	
Advanced High ESL _____	
<b>Total</b>	
Number of adult learners enrolled in secondary level program (level III).	
Adult Secondary Education Low _____	
Adult Secondary Education High _____	
<b>Total</b>	
Number of adult learners who advanced an educational functioning level.	
Number of adult learners who achieved their entry level identified personal goal	
Number of adult learners who obtained a GED or Secondary School Diploma.	
Number of adult learners placed in postsecondary education or training.	
Number of adult learners who obtained employment.	
Number of adult learners who achieved citizenship.	

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1. PROJECT NUMBER: EFB                      03		2. Agency:		3. County:	
4. Project Director:			4a. Tel. #    4b. Fax #		
5. Address:			6. Approved Allocation FY 2003: \$		
			7. Adults Served in FY 2003:		
8. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale.					

  

9. EXPENDITURE CATEGORY	9a. FUNC/OBJ CODE	9b. EFB FUNDS EXPENDED	9c. LOCAL MATCH EXPENDED	9d. FUNDS TO BE REFUNDED
<b>INSTRUCTION:</b> Personal Services - Salaries	100-100			
Purchased Prof. & Tech. Services	100-300			
Other Purchased Services	100-500			
General Supplies	100-600			
Other Objects	100-800			
<b>SUBTOTAL INSTRUCTION</b>				
<b>SUPPORT SERVICES</b>				
Personal Services - Salaries	200-100			
Personal Services-Employee Benefits	200-200			
Purchased Prof.-Ed Services	200-300			
Purchased Prof. - Ed. Serv.	200-320			
Purchased Property Services	200-400			
Other Purchased Services	200-500			
Travel	200-580			
Supplies and Materials	200-600			
Other Objects	200-800			
Indirect Costs	200-860			
<b>SUBTOTAL - SUPPORT SERVICES</b>				
<b>FACILITIES ACQ &amp; CONSTR SERV</b>				
Buildings (Use Charge)	400-720			
Instructional Equipment	400-731			
Noninstructional Equipment	400-732			
<b>SUBTOTAL - FACILITIES ACQ &amp; CONSTR</b>				
Schoolwide Programs: Abbott	520-930			
Schoolwide Programs: Non-Abbott	520-932			
<b>TOTAL FUNDS</b>				

  

<b>All refund checks should be made out to: Treasurer, State of New Jersey and returned to the address indicated in the directions.</b>	
10. To the best of our knowledge, we certify that this report is accurate.	
Approved by Chief School Administrator:	(Signature): _____ Date: _____
Approved by Board Secretary/School Business Administrator.:	(Signature): _____ Date: _____

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FY 2003**

**INSTRUCTIONS FOR COMPLETING FINAL REPORT**

**Due August 1, 2003**

- 1.. Complete all identifying information.
2. Enter your LEA's Approved FY 2003 Allocation.
3. Indicate the number of adults served in the district's Evening School for Foreign-Born Residents during 2002-2003 school year. Count only those participants who received instruction for at least 12 hours during the program year or reached their entry level identified goal.
4. Briefly respond to questions one and two concerning the goals, objectives and activities in the approved application.
5. Enter the number of adult learners for each educational functioning level and area of achievement.
6. For the *Support Services* section, write in those items and function/object codes as needed to identify the expended funds (column, EFB Funds Expended and Local Match Expended).
7. Enter by line item the amount expended from the originally approved budget or the most recently approved amended budget.
8. Enter by line item the amount expended from the local match portion of this application.
9. Enter by line item the unexpended state funds that the LEA will be refunding. Enclose a check for any unexpended funds that your LEA/Charter School will be refunding. Make check payable to: **Treasurer, State of New Jersey**, and mail, with a copy of this report to:

New Jersey Department of Education  
Office of Budget and Accounting  
Bureau of Revenue and Grant Accounting  
PO Box 500  
Trenton, New Jersey 08625-0500

**NOTE: Total Funds Row: The total of columns EFB Funds Expended plus Funds to be Refunded must equal the Approved Allocation for FY 2003.**

10. The Chief School Administrator must sign and date after reviewing.
11. The Board Secretary must sign and date after reviewing.

**Send the original and one copy of this Final Report to:**

Marie Barry, Acting Director  
New Jersey Department of Education  
Office of Vocational/Technical, Career and Adult Programs  
PO Box 500  
Trenton, New Jersey 08625-0500

Please maintain a copy of the report in the district office.